

Healthcare practices among the Santals of Purulia District, West Bengal, India

Latu Lal Mahata¹, Dr. Sadaruddin Biswas²

¹Research Scholar, Department of Anthropology and Tribal Studies, Sidho-Kanho-Birsha University, Purulia, India,
Email: mht.latu1991@gmail.com,

²Assistant Professor, Department of Anthropology and Tribal Studies, Sidho-Kanho-Birsha University, Purulia, India,
Email: sadarbiswas@gmail.com

Abstract: Health status of any community is directly or indirectly depending on their health care system. The health care practices among the tribal is essential part of their life. Among the tribe have own health care practices and have linked with their culture and tradition. The indigenous peoples are using the plants for their healthcare from the beginning of their life and that trend still flows today. This study tries to explore their disease type, type of treatment and effectiveness of existing treatment system and their disease wise treatment. The data were collected from 100 affected informants (Randomly selected through household survey, aged > 14 years) of Santal people who are affected person during last six months at Brajarajpur village under Barabazar block of Purulia District, West Bengal. The Santals are the numerically dominated tribe in West Bengal and they are depending on forest regarding their health care. Anthropological tools like interview, observation, house hold survey method were used to collect the primary data. Out of 100 individual males (58n) were more prone to any type disease than their counterpart (42n). Combinedly, 57% of informants were mild affected of diseases and 30 % peoples were moderate affected of diseases. They used to take ethnomedicine, allopathic and homeopathic to cure from diseases. It may be concluded that though studied peoples are more depending on modern medical system (Allopathic). But also, this study provides us an overview on ethno medicinal database. The use of quantitative tools is very new approach here in analysis of Santal healthcare practices of Purulia district from West Bengal. It will be also helpful to know the efficacy of the disease wise treatment which may be developed the modern medical system.

Key Words: Healthcare; disease; ethnomedicine; Santals.

1. INTRODUCTION:

Santals are one of the tribal largest communities in India. They are the descendants of Austric-speaking Proto-Australoid race (1). They are mainly lived in Jharkhand, West Bengal, Bihar, Odisha and Assam. Santals are agricultural tribe. It is well known that life of every tribal population is solely depending on forest. This dependency might be direct or indirect and forest resources have an immediate impact on every aspect of their life. Therefore the tribal people are primarily depending on plants for their health and diseases. World Health Organization (1948) defines as “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (2). Health status of any community is directly or indirectly depended on their health care system. The health system of any community comprises all organizations, institutions and resources that produce actions whose primary purpose is to improve health (3). The health care system refers to the institutions, people and resources involved in delivering health care to individuals. Health care providers are often involved to promote health conditions in the community (4). In India, the art of herbal healing has very deep roots in tribal culture and folklore. Even today, most of the tribal communities are dependent upon local traditional healing systems for their primary health care (5). The health care practices among the tribes are essential part of their life. Among the tribe have own health care practices have linked with culture and tradition. Health is an essential component for the well- being of the mankind. The health problems of any community are influenced by interplay by various factors including social, economic and political ones. The common believes customs, practices related to health and disease in turn influence the health seeking behaviour of the community (6). Their Health system and medical knowledge over ages are known as “traditional health care system” depended both on the herbal and the psychosomatic lines of treatment while plants (7). The peoples used the plants as a healthcare from the beginning of the life and that trend still flows today (8). Man since its primitive stage of civilization had been trying to find cure from disease through easiest available resource. During the course of struggle for existence, primitive man discovered curing properties of plants through trial and error (9). Ethnomedicine has important role in human health care since ancient period. This practice of health care is based on belief and experience of the ethnic people, which is a part of their tradition and culture (10). Keeping in mind the present study aims to trace out their diseases type and kind of treatment and to evaluate the affectivities of existing

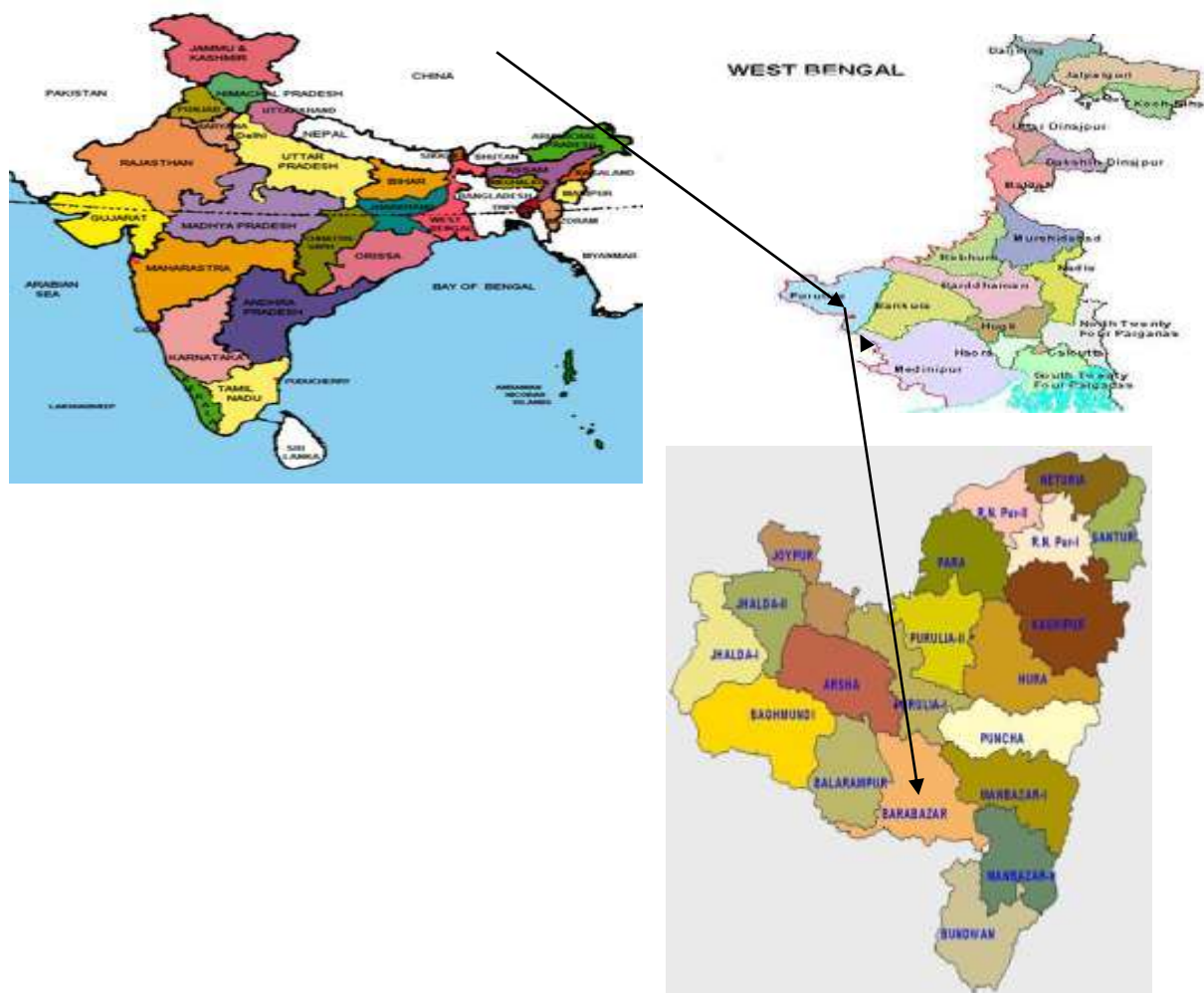
treatment system of Santal people. The present paper is an effort to reveal the importance of ethnomedicines for the Santals.

2. MATERIALS AND METHOD:

The present study was conducted at Brajarajpur village under Barabazar block of Purulia District, West Bengal (figure 1). This study area is situated at 350 km from Kolkata, the provincial capital of West Bengal. A total of 80 households comprising of 100 individuals aged >14 years (58 males and 42 females) were interviewed. We had considered the subject above 14 years of age because they had used to treat their disease almost freely and from that it would be easy to understand the intensity and to treat their disease. The participants were selected in manner that who were affected with any kind of diseases since last six months prior to survey.

A face-to-face interview methodology was used for this data collection. Household survey method was also used to find out those people who were affected with any disease. According to their own perception, we have divided the diseases into three categories i.e mild, moderate and severe.

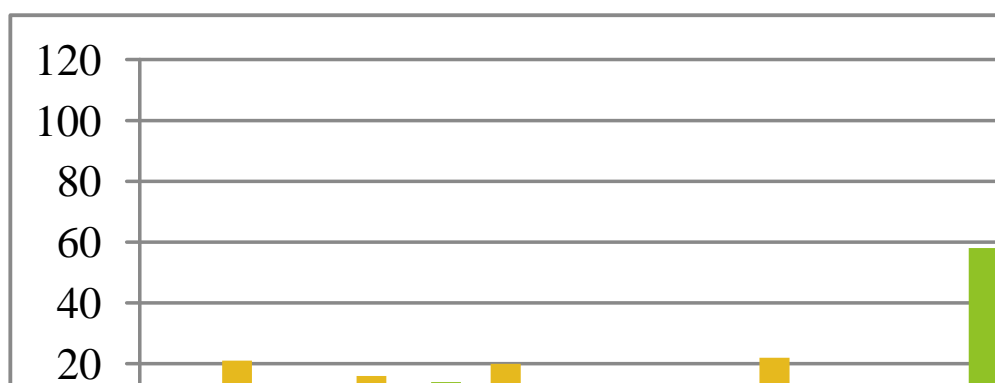
Figure 1: The study area



3. RESULTS AND DISCUSSION:

Figure 1 shows the demographic distribution of the studied participants. A total of 100 individuals were interviewed during this survey. Maximum numbers of participants were belonged to between the age group of 55 to 65 years. The study depicts that the middle-aged people were also more ill to any kind of diseases than elder or aged 65 + years. Males were more prone to any kind of disease than their counterpart. Maximum Santals people who were affected with any disease belonged to between the age group 35 to 45 years. As we studied house to house to find out the affected individuals and it was found that middle age group than older person was more prone to different kind of diseases. It has also been noticed that males were unhealthier in term of illness than their counterpart.

Figure 2: Graphical representation of demographic distribution of the studied population



As per perception of the informants it has been divided the diseases or illness into three groups as a kind of diseases i.e. mild, moderate and severe. Less suffered diseases have comprised into mild, more than less suffered have comprised into moderate and another most suffered was severe diseases. Among them fever, Gastric, Ringworm, cough and influenza were considered as mild type of disease. It had been reported that there were 20 type of different disease among the studied population prior to survey. There were six diseases has been reported as severe type of disease (table 2). People used medicinal plants for the treatment of more than twenty various diseases like fever, stomachache, asthma, jaundice, anaemia, diarrhoea, rheumatism, cold, cough, cancer, tuberculosis, skin diseases, cuts and wounds (11).

Table 2. Distribution of the types of Disease with in the name of Diseases

Kinds of Diseases	Name of Diseases or illness
Mild	Fever, Gastric, Ringworm, Cough, Influenza
Moderate	Blood Pressure, Joint pain, Gonorrhoea, Scabies, Amoebiasis, Deafness, Blear, Measles, spermetorrhoea
Severe	Typhoid, Epilepsy, Diarrhea, T.B, Ulcer, Filaria

Table 3 depicts the perceived disease pattern of the studied population. It has been noticed that the Santals were mostly affected with the mild type of diseases. Moderate types of diseases were more prevalent than other two types of diseases. Most of Santals were suffered from fever and gastric as a mild type of disease. Mostly affected adult people were suffered with Gonorrhoea and spermetorrhoea. About 57 % peoples were suffered with mild type disease and 30 % peoples were suffered from moderate type diseases.

Table 3. Distribution of the age wise diseases (%)

Age Group (years)	Diseases pattern					
	Mild	Percentage	Moderate	Percentage	Severe	Percentage
15-25	13	13%	07	7%	1	1%
25-35	09	9%	05	5%	02	2%
35-45	13	13%	05	5%	02	2%
45-55	08	8%	01	1%	03	3%
55-65	10	10%	9	9%	3	3%
65+	4	4%	03	3%	02	2%
TOTAL	57	57%	30	30%	13	13%

Table 4 represents the distribution of the type of convalesce people with method of treatment. it was informed that when medicine totally relieve to a disease then it was treated as complete cure and if medicine partially relieve to a disease then it was informed less cure and medium means medicine relieve more than the partially. Majority of peoples were taken allopathic medicine to cure from disease. They used to go to local doctor as a primary healthcare.

It was also found that there were less suffered in allopathic treatment other than homeopathic and others treatment. About 21% of informants were taken ethnomedicine to cure from diseases and 6% of people taken homeopathy which was more effective. Above 52% peoples were completely cured with ethnomedicine among the informants.

Table 4. Distribution of the type of convalesce people with method of treatment

Status of cure	Type of treatment received			Total
	Allopathic	Homeopathic	Ethnomedicine	
Complete	52	04	11	67
Medium	12	01	02	15
Less	09	01	08	18
Total	73	06	21	100

In spite of rapid urbanization, effecting remarkable changes in the social, cultural and economic spheres, the traditional ethno-medicine and health care is still popular among tribal (12). Table 5 shows efficiency of ethnomedicine among the studied peoples. It was found that they were mostly used ethnomedicine to relive from urinal problem and it was also more informed that ethnomedicine had an effective role to cure various types of urinal problems.

Table 5: Efficacy of the ethnomedicine

Disease name	Complete	Medium	Less	Total
Gastric	1	0	1	2
Ringworm	1	0	1	2
Cough	0	1	0	1
Urinal Problem	4	0	1	5
Joint pain	0	0	1	1
Measles	2	0	0	2
Diarrhoea	0	1	2	3
pox	2	0	0	2
Jaundice	1	0	0	1
others	0	0	2	2
Total	11	2	8	21

The choice of herbs and treatment depend on the availability of plants in the neighboring surroundings. Some of medicinal plants have also efficiency against psychiatric illnesses. From the very beginning of ethnomedicine, belief in the super natural, magic and with craft have played a more important role (13). The tribes of Medinipur and Bankura district, West Bengal use locally available plants both ethnobotanically and ethnomedicinally in various forms. Therefore, the plants have become very important role in herbal folk remedies (14). According WHO, approximately 80% people of developing countries rely chiefly on traditional medicine for primary healthcare (15-18). Noteworthy, the indigenous system of medicine has its own value and significance from ancient times but the exact knowledge of these traditional medicines are among few hands, which is only transferred verbally through generation to generation (9).

4. CONCLUSION:

The Santals of this studied village generally preferred to take allopathic medicine. Morbidity pattern was high among males than their counterpart. Mostly they have suffered from fever, gastric, cough and cold. Tuberculosis has also been reported among old aged people. They had suffered from spermatorrhoea and gonorrhoea as well as chicken pox and measles. Even they also believe that these diseases would not be completely cured with allopathic treatment. They considered that few diseases like; gonorrhoea, spermatorrhoea, pox, measles, urinary problems might be cured by ethnomedicine with a minimal side effect.

Appropriate authorities should take a policy to preserve, conserve of medicinal plants with the help of local key persons. We also know that the medicinal plants useful in modern medical system.

ACKNOWLEDGEMENTS:

We are grateful to the parents of the subjects including administrative authorities for their help and cooperation during the study period.

FUNDING: None.

COMPETING INTEREST: None

CONTRIBUTORS: Biswas S designed and finalized manuscript. Mahata L conducted survey and wrote the first draft.

REFERENCES:

1. Shahidullah, Md., Al-Mujahidee, Md., Nasir Uddin, S.M., Hossan, Md. S., Hanif, A., Bari, S., Rahmatullah, Md., (2009). Medicinal Plants of the Santal Tribe Residing in Rajshahi District, Bangladesh. *American-Eurasian Journal of Sustainable Agriculture*, 3(2): 220-226.
2. World Health Organisation. (n.d.). Frequently asked question. Retrieved from <http://www.who.int/suggestions/faq/en/>. Retrieved on 29th January 2021.
3. WHO, (2000). The world health report 2000 – Health systems: improving performance. Geneva.
4. WHO, (2003). The world health report 2003 – Health systems: Principled integrated care. Geneva, Chapter 7.
5. Sarkar, R. & Mandal S.K, (2017). Role of Indigenous Folk Medicinal Plants among the Tribal Communities in West Bengal. *Lokodarpan*, Volume – V, Number – I, pp. 116 – 121.
6. Gopalan, C., (2008). The current national nutrition scene: Areas of concern. *NFI Bulletin*, 29(4): 1-8.
7. Choudhary, S.N, (2012). *Tribal Health and Nutrition*. Jaipur: Rawat Publication.
8. Senthikumar, M., Vadivel, V., (2017). Ethnobotanical survey of medicinal plants used by malayali tribes in Vathal hill of Eastern Ghats, India. *European Journal of Pharmaceutical and Medical Research*, 4(3): 302-307.
9. Shrivastava, S., Tomar, R. S, (2018). A review on importance of ethnomedicine for folks in india. *World Journal of Pharmaceutical Research*. Volume 7, Issue 3, 263-274.
10. Rahaman, C.H., Karmakar S., (2015). Ethnomedicine of Santal tribe living around Susunia hill of Bankura district, West Bengal, India: The quantitative approach. *Journal of Applied Pharmaceutical Science*. Volume 5 (02); pp. 127-136.
11. Negi, Vikram, S., Maikhuri, R.K., Vashishtha, D.P., (2011). Traditional healthcare practices among the villages of Rawain valley, Uttarkashi, Uttarakhand, India. *Indian Journal of Traditional Knowledge*; Vol. 10 (3), pp. 533-537.
12. Johnson, T.M., Sargent, C.F, (1996). *Ethnopharmacology: The Conjunction of Medical Ethnography and the Biology of Therapeutic Action*". *Medical Anthropology: Contemporary Theory and Method*. Westport, Connecticut: Praeger Publishers
13. Kalla, A.K. & Joshi, P.C, (2004). *Tribal Health and Medicine*. New Delhi : Concept Publishing House, New Delhi – 59
14. Ghosh, A., (2003). Herbal folk remedies of Bankura and Medinipur districts, West Bengal (India). *Indian J Tradit Knowl*, 2: 393-396.
15. WHO, (2001). *World Health Organization traditional medicine strategy: 2002-2005*. Geneva; 1-52.
16. Ghosh, A., (2008), "Ethnomedicinal Plants Used in West Raarh Region of West Bengal", *Natural Product Radiance*, Vol. 7, No. 5, pp. 461-465.
17. Sarkar, R. & Mandal S.K, (2017). Role of Indigenous Folk Medicinal Plants among the Tribal Communities in West Bengal. *Lokodarpan*, Volume – V, Number – I, pp. 116 – 121.
18. World Health Organization, (1993). Regional Office for Western Pacific, research guidelines for evaluating the safety and efficacy of herbal medicines. Manila; p. 94.